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Attorney Docket No.

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UTILITY PATENT APPLICATION TRANSMITTAL

CORNABY, Michael First Inventor Microinstruction Sequencer Stack

2207/9806

(Only for new nonprovisions	al applications under	37 C.F.R. 1.53(b))	Express Mail Label No).			<u>".S</u>		
	ICATION ELE		ASSISTANT Commissioner for Patents ADDRESS TO: Box Patent Application						
See MPEP chapter 600 conce		··	Washington, DC 20231						
2. Applicant claims See 37 CFR 1.2 3. Specification (preferred arrange - Descriptive title c - Cross Reference - Statement Regal - Reference to sec	To ement set forth below of the Invention is to Related Applica rding Fed sponsored quence listing, a table	occessing) us. utal Pages 29] v) tions R & D e,	 7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: CD-ROM or CD-R (2 copies); or paper Statements verifying identity of above copies 						
- Background of th	ogram listing append ne Invention	JIX	ACC	OMPAN	YING APPLIC	ATIONS PARTS			
- Brief Summary o - Brief Description - Detailed Descrip - Claim(s)	f the Invention of the Drawings (if a tion	filed)	10. 37 C. (wher	F.R.§3.7 there is	3(b) Statemen an assignee)	Attorney			
- Abstract of the D	isciosure		11. Englis	sh Trans	lation Docume	ent (if applicable)			
4. Drawing(s) (35 to 5. Oath or Declaration	•	otal Sheets 4]	_	Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations					
a. Newly execute	•	·	13. Prelin	ninary Ar	mendment				
_	rior application (3			Return Receipt Postcard (MPEP 503)					
, .	• • • • • •	h Box 18 completed)		(Should be specifically itemized)					
i. 🗌 DELETION				15. Certified Copy of Priority Document(s) (if foreign priority is claimed)					
Signed stateme named in the p 1.63(d)(2) and	ent attached deleting rior application, see 1.33(b).	inventor(s) 37 CFR	16. Requ (b)(2)	(b)(2)(B)(i). Applicant must attach form PTO/SB/35					
6. Application Data S	_	or its equivalent.							
			17. L. Ouler	•					
18. If a CONTINUING APPLI	CATION, check app	propriate box, and supp	ly the requisite inform	nation be	low and in a pr	eliminary amendment,			
or in an Application Data St		_							
	□ Divisional elated Application inc	Continuation-in-pa	• •	•	pplication No: oss reference to	/ related application(s) mus	t be		
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For CONTINUATION or DIVI under Box 5b, is considered The incorporation can only	d a part of the disci	osure of the accompan	ying or divisional ap	plication	and is hereby i	ncorporated by reference			
		17. CORRESPO	NDENCE ADDRES	s					
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Country		Telephone			Fax				
Name (Print/Type)	Michael I.	Angert	Registration No. (/	Registration No. (Attorney/Agent) 46,522					
Signature	Mech	I L aug	A						

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= 4 TOTAL AMOUNT OF PAYMENT

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

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Complete if Known Application Number To Be Assigned Herewith Filing Date First Named Inventor CORNABY, Michael **Examiner Name** To Be Assigned Group / Art Unit To Be Assigned 2207/9806 Attorney Docket No.

METHOD OF PAYMENT (check one)					FEE CALCULATION (continued)									
The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:					3. ADI	DITIONAL	. FEES							
1. indicated fees and credit any over payments to:							İ	Large Entity		Small Entity				
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Name			, -··		··				147	2,520	147	2,520	For filing a request for reexamination	
	•	ny Addition CFR 1.16 a		•					112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
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_	•	ee Fe	•	Fee Descr	iptio	n .			119	310	219	155	Notice of Appeal	
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101 7	710 2	01 35	55	Utility filing	fee	. [710		121	270	221	135	Request for oral hearing	
		06 16		Design filing		. [-	7	138	1,510	138	1,510	Petition to institute a public use proceeding	
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2. EXTRA	CLAIM	FEES					_		122	130	122	130	Petitions to the Commissioner	
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Code	(\$)	Code	(\$)	Fee Des	•				149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))	
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102	80	202	40 135	•		claims in ex			179	710	279	355	Request for Continued Examination (RCE)	
104	270	204	135	•		endent claim			169	900	169	900	Request for expedited examination	
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**or numbe	r previou	sly paid, if o	reater	For Reissu	ies se	e above								

SUBMITTED BY Complete (if applicable)									
Name (Print/Type)	Michael I. Angert	Registration No. Attorney/Agent)	46,522	Telephone	202.220.4200				
Signature	Meshow	I auget		Date	December 29, 2000				

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